

Immunization E-Letter

Issue #279 May 16, 2008

First Public Health and Medicine Summit - June 3 -4

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Remember to register for the upcoming Public Health and Medicine Summit on June 3 - 4, 2008. This event will be held at the Indianapolis Adam's Mark at the airport.

The summit will begin on Tuesday, June 3 with five optional concurrent workshops from 12:00pm—4:00 pm. The program continues on Wednesday, June 4 at 8:00 am with a welcome from State Health Commissioner Judy Monroe, MD and a keynote plenary session by Assistant Surgeon General James M. Galloway, MD on "Public Health and Medicine Partnerships and Health Priorities" Three concurrent sessions will follow the opening and plenary sessions. In addition, there will be a luncheon presentation by David McSwane, professor at the IU School of Public and Environmental Affairs, on "Emerging Issues in Food Safety". A closing plenary session on "Hot Topic" completes the day.

Continuing medical education credits will be available. Registration is \$25 for general attendees and \$15 for students. Those interested may register at: www.inpha.org/summitform.asp

Immunization Program

2 N. Meridian St. Indianapolis, IN 46204

Phone: (800) 701-0704 E-mail: immunize@isdh.in.gov

Annual Provider Agreement and **Provider Profile Forms**

Each Vaccine for Children (VFC) Provider must complete a new **Provider Agreement** (State Form 52697 1-08) and **Provider Profile** (State Form 50201—R4/2-05) or (State Form 49640—R7/2-05) forms annually. A fax has been sent to each provider containing the necessary forms and instructions on how to complete these forms. If your facility or practice did not receive these forms, please contact the Immunization Program at (800) 701-0704 for further instructions.

Definition of Underinsured Children for VFC

Underinsured children are defined as those children who have health insurance but coverage does not include vaccines.

Children whose health insurance covers only selected vaccines or caps the vaccine costs at a certain limit are categorized as underinsured; thus only eligible for Vaccines for Children (VFC) program benefits at Federally Qualified Health Clinics (FQHC), Rural Health Clinics (RHC) or Local Health Departments with Delegation of Authority.

ISDH Reportable Disease of the Month-Measles

What are the symptoms of measles?

Measles is a highly contagious disease that is transmitted by respiratory droplets and spread very efficiently through the air. The disease can result in severe complications, including pneumonia and encephalitis. The incubation period for measles ranges from 7 to 18 days. The prodromal phase can last from 1-7 days and is characterized by high fever, cough, coryza, conjunctivitis, and a blue-white mucosal rash, or Koplik spots. The maculopapular measles rash develops 2-4 days after the prodrome and persists for 5-6 days. The rash generally begins at the hairline, involves the face and neck, and then gradually proceeds downward and outward, reaching the hands and feet. It fades in the same pattern. Fine desquamation can occur over more severely involved areas.

The diagnosis of measles should be considered in any person with a generalized maculopapular rash lasting three or more days, a temperature of 101° F or higher, and cough, coryza, or conjunctivitis. Immunocompromised patients may exhibit an atypical rash or no rash at all. Measles is contagious beginning with the prodrome until 3-4 days after rash onset.

Doesn't the MMR vaccine prevent measles?

Most children in Indiana are vaccinated against measles. Two doses of MMR vaccine after the first birthday separated by four weeks is effective 90 to 98 percent of the time, but measles outbreaks are common in other countries and cases continue to be imported to the United States in unvaccinated individuals. Many of us have never seen a case of measles in our practices and may be unsure of what to do with a suspected case. If you have a patient with a generalized maculopapular rash lasting three or more days; a temperature of 101° F or higher; and cough, coryza, or conjunctivitis and you suspect measles virus as the etiology, it is important to confirm the diagnosis as soon as possible to prevent a measles outbreak in your community.

What do I do if I suspect measles in one of my patients?

- 1. Place the patient in a private room with the door closed. Report the **suspected** case of measles to the Indiana State Department of Health (ISDH) immediately by calling (317) 233-1325.
- 2. Swab the patient's throat with a dacron swab and place in viral transport medium. Also obtain acute serum samples for both measles IgM and IgG.
- 3. Keep the swab **refrigerated** until it is sent to the lab. Package the viral swab with cold packs to keep it cool until it gets to the lab.
- 4. It is important to isolate the infected patient from 4 days before rash development until 4 days after the rash develops.
- 5. Do **NOT** wait for lab results to contact the ISDH. The ISDH will work closely with you and the patient's contacts to prevent the spread of measles in your community.

What if my patient's test results are positive for Measles?

- 1. If the acute IgM is positive, you have a laboratory confirmed diagnosis of measles.
- 2. If the acute IgM is negative, but the viral swab is PCR or culture positive for measles virus, you also have a confirmed c a s e of measles.
- 3. Instruct the patient to remain isolated until four days after the rash developed.
- 4. Vaccinate all unprotected contacts to prevent the spread of infection.

Do I need to do anything if the results are negative?

1. If the acute IgM is negative and the viral swab is negative, collect a second serum for IgM and IgG in 2-3 weeks. In the absence of recent vaccination, a four-fold increase in quantitative IgG titer or a seroconversion from negative to positive is considered positive for recent infection with measles.

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ISDH Reportable Disease of the Month—Measles

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2. Use this opportunity to educate your staff and to make sure your patients and staff ALL have immunity against measles. Those individuals born before 1957 and those who have received two MMR vaccines are considered immune.

According to the Indiana Communicable Disease Reporting Rule for Physicians, Hospitals and Laboratories, suspect cases of measles must be reported to the ISDH immediately.

For more information, call the ISDH Surveillance and Investigation Division at (317) 233-1325.

Meningococcal Conjugate Vaccine (MCV4)

Menactra is preferred for 2 - 10 year olds at increased risk for meningococcal disease such as those, who have had their spleen removed or whose spleen is not functioning; those with a medical condition called terminal complement component deficiency which makes it difficult to fight infection; and those who expect to travel to areas outside of the United States where the disease is common. Vaccination also is used to control outbreaks of bacterial meningitis.

For children ages 2 - 10 years who have previously received MPSV4 (Menomune) and remain at increased risk of disease, ACIP recommends vaccination with MCV4 (Menactra) at 3 years after receipt of MPSV4 (Menomune).

CHIRP Informational Sessions

CHIRP Informational Sessions are designed for <u>NON-CHIRP</u> users interested in learning more about the benefits of using CHIRP in their facility or practice.

Call (888) 227-4439 or go to CHIRP.IN.GOV to register.

June 17, 2008 1:00 pm-3:00 pm

Lake County

St. Anthony Medical Center Marian Education Center 1201 South Main Street

CHIRP User Group Meeting -For *Current* CHIRP Users

This session is designed for <u>CURRENT</u> <u>CHIRP</u> users who are interested in learning about upcoming changes or who have specific questions regarding CHIRP usage.

Call (888) 227-4439 or go to the CHIRP.IN.GOV to register.

June 17, 2008 9:30 am—11:30 am

Lake County

St. Anthony Medical Center Marian Education Center 1201 South Main Street Crown Point, IN 46307

State Funded Vaccine Informational Session

Four sessions have been planned to further explain State Funded Vaccine to providers who are interested in learning more. These sessions will be online and require an Internet connection and speakers. You may register by sending an e-mail to ayounce@isdh.in.gov noting which session you will be attending and to what e-mail address to send the invitation. Sessions are limited to the first 20 individuals.

Session 1: Wednesday, May 28, 2008

(8:00am - 8:30am)

Session 2: Thursday, May 29, 2008

(7:30am - 8:00am)

Session 3: Tuesday, June 24, 2008

(7:00am - 7:30am)

Session 4: Wednesday, June 25, 2008 (12:00pm - 12:30pm)

Please Note:

There will be not be an third Vaccine E-Letter for the month of May. The next issue will be published on June 6, 2008.

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